

Instructions For Completion 2006 Grant Application

Return Completed Application To:

Michigan Department of Labor & Economic Growth
Bureau of Construction Codes & Fire Safety
Office of Land Survey & Remonumentation
6546 Mercantile Way, P.O. Box 30704
Lansing, Michigan 48909

Page 1 of Grant Application:

Section A

Enter the address where 2006 grant payment(s) will be mailed.

Section B

Enter the name, address, telephone and FAX numbers, and e-mail address of the County Grant Administrator appointed by the Board of County Commissioners to administer the grant. **NOTE:** Attach proof of appointment of the County Grant Administrator to your application if there has been a new appointment within the past year.

Section C

Enter the name, address, telephone and FAX numbers, and e-mail address of the County Surveyor or the Licensed Land Surveyor appointed by the Board of County Commissioners as the County Representative. **NOTE:** Attach proof of appointment of the County Representative to your application if there has been a new appointment within the past year.

Section D

THIS BOX MUST BE CHECKED indicating the county's capability to perform the work program.

Section E

Enter the state grant amount requested. The state grant amount may include an increase based upon a county contribution and Category III of the state grant formula. Counties may not receive both an increased grant amount and repayment of expedited county funds for the same county expenditure.

Enter the Cash Contribution, if any, the Expedited Amount, if any, and the Reimbursement for Past Eligible Expedited Expenditures, if any, for the 2006 grant year. The Reimbursement amount for past eligible expedited expenditures may not exceed 50 percent of the state grant amount.

The State Grant Amount plus the Total County Cash Contribution (if any), plus the Expedited Amount (if any), minus the Reimbursement for Expedited Expenditures equals the Total annual Project Budget. **Enter** this in the box for the TOTAL ANNUAL PROJECT BUDGET.

NOTE: The Total County Cash Contribution, Expedited Amount if any, Reimbursement Amount, if any, and the Total Annual Project Budget amount **must be the same** on Page 1 and the bottom of Page 3.

Section F

The Board-appointed County Grant Administrator **and** the elected or Board-appointed County Representative must sign and date the year 2006 grant application. **Original ink signatures are required.**

Page 2 of Grant Application:

Sections G and H

When completing Sections G and H for public land survey (PLS) corners, the applicant may use the letter-number system used for a "Land Corner Recordation Certificate" (e.g., C-02, rather than "the east one-quarter corner of section 6"). Include the Town and Range for work in a specific survey township. **NOTE:** Provide a list of specific corners and survey townships and the total number of corners to be completed, attaching additional pages if necessary. Unspecified corners up to 15% of the work program may be included.

NOTE: The dollar amount for Items G and H on Page 2 must be the same as the dollar amount for Items G and H on Page 3.

Sections I and J

When completing Sections I and J you **must** identify the specific points to have coordinates established and the specific existing control stations to be recovered and provide a total number for each where indicated. Attach additional pages, if necessary.

NOTE: The dollar amount for Items I and J on Page 2 **must** be the same as the dollar amount for Items I and J on Page 3.

Page 3 of Grant Application:

Provide a breakdown of anticipated expenditures, by line item and work program category and the source(s) of revenue (county cash source, if any). The total dollar amounts shown for Items G, H, I and J on Page 3 **must** be the same as the total dollar amounts shown for Items G, H, I and J on Page 2.

Page 4 of Grant Application:

Provide a detailed, itemized listing of the specific items and expenditures for "Supplies & Materials," "Equipment," and "Administration" on Page 4 - BUDGET ADDENDUM.

The total dollar amounts shown for Supplies & Materials, Equipment, and Administration on Page 4 must be the same as the total dollar amounts shown for these same items on Page 3.

The completed grant application for grant year 2006 must be received in our office by NO LATER THAN December 31, 2005, in order to be eligible for a grant in the year 2006. The last day of business in 2005 for the State of Michigan is December 29, 2005.

Return the application to the following address:

Department of Labor and Economic Growth
Bureau of Construction Codes and Fire Safety
Office of Land Survey and Remonumentation
P.O. Box 30704
Lansing, Michigan 48909

If you are concerned with getting your application into our office by the December 31, 2005 deadline, FAX a copy of your application to:

Office of Land Survey & Remonumentation
FAX: (517) 241-6301

If your application is faxed, you **must** follow-up with the original grant application by mail. Applications will not be reviewed until the original grant application has been received.

Please direct any questions to the Office of Land Survey and Remonumentation at (517) 241-6325 or e-mail njohns@michigan.gov or mrdyer@michigan.gov.

**Application for a Survey and Remonumentation Grant
(Grant Year 2006)**

<p align="center">Department of Labor & Economic Growth Bureau of Construction Codes & Fire Safety Office of Land Survey and Remonumentation 6546 Mercantile Way, P.O. Box 30704 Lansing, Michigan 48909 Phone: (517) 241-6321 Facsimile: (517) 241-6301</p>		Grant #2006-480 ____ ____ MAIN Mail Code: PCA: 02935 AOBJ: 1218			
<p align="center">2006 Grant Applications shall be filed by 12-31-05</p>		Application Received: _____ Reviewed by Analyst: _____ Reviewed by Director of Office of Land Survey and Remonumentation: _____ Approved By Director of Office of Land Survey and Remonumentation: _____			
A. Applicant (Grantee County) County: County Federal I.D. Number:	A.	Grantee Address For Payments:			
B. County Grant Administrator: Name: Address: City, State, Zip: Telephone: FAX: E-Mail:	C.	County Representative: Name: Address: City, State, Zip: Telephone: FAX: E-Mail:			
D. Capability To Perform The Work Program Specified (Must Check This Box): We have the capability to perform the work program specified through a licensed professional surveyor on staff and/or through a contract with a licensed professional surveyor to perform the remonumentation survey.					
E. Financial Summary (if an Expedited Amount is included, County must have an approved Expedited County Plan):					
	1	2	3	4	5
	2006 State Grant	County Cash Contribution	Expedited Amount	Reimbursement For Expedited Expenditures	2006 Total Annual Project Budget (1 + 2 + 3 - 4 = 5)
	\$	\$	\$	\$	\$
F. We certify that the information in this grant application is correct to the best of our knowledge.					
_____ Original Ink Signature of County Grant Administrator _____ Date			_____ Original Ink Signature of County Representative _____ Date		

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Department of Labor & Economic Growth Bureau of Construction Codes & Fire Safety Office of Land Survey and Remonumentation 6546 Mercantile Way, P.O. Box 30704 Lansing, Michigan 48909 Phone: (517) 241-6321 Facsimile: (517) 241-6301		County: _____ Grant #2006-480 ____ ____ MAIN Mail Code: _____ PCA: 02935 AOBJ: 1218	
<p align="center">SUMMARY OF WORK PROGRAM FOR GRANT YEAR 2006 (Specify the individual corner codes proposed for the 2006 work program by Survey Township)</p>			
Item G Corners To Be Researched	SPECIFY THE INDIVIDUAL CORNER CODE(S) BY SURVEY TOWNSHIP(S): (Attach additional pages to the application if necessary)		
	DOLLAR AMOUNT MUST BE THE SAME AS THE TOTAL FOR ITEM G ON PAGE 3 \$ _____	% of Total Annual Project Budget Proposed for RESEARCH: _____%	Total Number of Corners to Be RESEARCHED : _____
Item H Corners To Be Monumented	SPECIFY THE INDIVIDUAL CORNER CODE(S) BY SURVEY TOWNSHIP(S): (Attach additional pages to the application if necessary)		
	DOLLAR AMOUNT MUST BE THE SAME AS THE TOTAL FOR ITEM H ON PAGE 3 \$ _____	% of Total Annual Project Budget Proposed for MONUMENTATION: _____%	Total Number of Corners to be MONUMENTED : _____
SUBTOTAL ITEMS G & H (also enter at the bottom of this page) \$ _____		Percentage of the Total Annual Project Budget (Item G + Item H) _____%	THE TOTAL PERCENTAGE OF ITEM G + ITEM H MUST BE AT LEAST 70% OF THE TOTAL ANNUAL PROJECT BUDGET
Item I Points To Have Coordinates Set (x, y, z)	SPECIFY THE INDIVIDUAL POINT(S) BY SURVEY TOWNSHIP(S): (Attach additional pages to the application if necessary)		
	DOLLAR AMOUNT MUST BE THE SAME AS THE TOTAL FOR ITEM I ON PAGE 3 \$ _____	Total Number of Points to have COORDINATES SET : _____	
Item J Existing Horizontal And Vertical Control Stations To Be Recovered	SPECIFY THE INDIVIDUAL CONTROL STATION(S) BY SURVEY TOWNSHIP(S): (Attach additional pages to the application if necessary)		
	DOLLAR AMOUNT MUST BE THE SAME AS THE TOTAL FOR ITEM J ON PAGE 3 \$ _____	Total Number of EXISTING CONTROL STATIONS TO BE RECOVERED : _____	
Total Annual Project Budget (add G + H + I + J)	Subtotal G & H \$ _____	Subtotal I & J \$ _____	Total Annual Project Budget \$ _____
	PLUS		EQUALS

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2006 DETAIL BUDGET

Show expenditures by work program category and line item. The total for Item G, H, I and J at the bottom of this page must be the same as the total for Item G, H, I and J on Page 2 of this application.

Line Item Expenditures	WORK PROGRAM CATEGORIES				Total (add line items across)
	Item G	Item H	Item I	Item J	
	Research of Corners	Monumentation of Corners	Setting of Coordinates	Recovery of Existing Control Stations	
Peer Group (PG)					
Contractual Survey Services (CSS)					
Supplies and Materials* (S/M)					
Equipment* (E)					
Administration* (A)					
Total (Adding Down) For Item G, H, I & J On Page 3 Must Be The Same As Total For Item G, H, I & J On Page 2	Item G (Add Down)	Item H (Add Down)	Item I (Add Down)	Item J (Add Down)	Total Annual Project Budget
	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

*** PROVIDE A DETAILED ITEMIZED LISTING OF THE SPECIFIC ITEMS OF EXPENDITURE AND THE SPECIFIC DOLLAR AMOUNTS FOR EACH ITEM FOR SUPPLIES & MATERIALS, EQUIPMENT AND ADMINISTRATION ON PAGE 4 OF THIS GRANT APPLICATION – “BUDGET ADDENDUM.”**

AMOUNT and SOURCE(S) OF REVENUE (identify the County Cash source): Source(s) of Revenue: _____ _____	STATE GRANT: \$ Amount of County Cash: \$ _____ \$ _____
TOTAL COUNTY CASH CONTRIBUTION: \$	
EXPEDITED AMOUNT: \$	
LESS REIMBURSEMENT FOR PAST EXPEDITED EXPENDITURES	
2006 TOTAL ANNUAL PROJECT BUDGET:	
(State Grant plus County Cash Contribution, if any, plus Expedited Amount, if any, minus Reimbursement for Expedited Expenditures, if any) \$	

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**BUDGET ADDENDUM FOR ITEMIZING SUPPLIES AND MATERIALS, EQUIPMENT AND ADMINISTRATION
(Attach additional pages to the application if necessary)**

TOTAL DOLLAR AMOUNTS ON THIS PAGE MUST BE THE SAME AS THE LINE ITEM TOTAL ON PAGE 3

Supplies and Materials: <table> <tr> <th align="center"><u>Item</u></th> <th align="center"><u>Dollar Amount</u></th> </tr> <tr><td>_____</td><td>\$ _____</td></tr> <tr><td>_____</td><td>\$ _____</td></tr> <tr><td>_____</td><td>\$ _____</td></tr> <tr><td>_____</td><td>\$ _____</td></tr> <tr><td>_____</td><td>\$ _____</td></tr> </table>	<u>Item</u>	<u>Dollar Amount</u>	_____	\$ _____	_____	\$ _____	_____	\$ _____	_____	\$ _____	_____	\$ _____	THIS LINE ITEM TOTAL MUST BE THE SAME AS THE LINE ITEM TOTAL AMOUNT ON PAGE 3 Total Supplies & Materials: \$ _____
<u>Item</u>	<u>Dollar Amount</u>												
_____	\$ _____												
_____	\$ _____												
_____	\$ _____												
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Equipment: <table> <tr> <th align="center"><u>Item</u></th> <th align="center"><u>Dollar Amount</u></th> </tr> <tr><td>_____</td><td>\$ _____</td></tr> <tr><td>_____</td><td>\$ _____</td></tr> <tr><td>_____</td><td>\$ _____</td></tr> <tr><td>_____</td><td>\$ _____</td></tr> <tr><td>_____</td><td>\$ _____</td></tr> </table>	<u>Item</u>	<u>Dollar Amount</u>	_____	\$ _____	_____	\$ _____	_____	\$ _____	_____	\$ _____	_____	\$ _____	THIS LINE ITEM TOTAL MUST BE THE SAME AS THE LINE ITEM TOTAL AMOUNT ON PAGE 3 Total Equipment: \$ _____
<u>Item</u>	<u>Dollar Amount</u>												
_____	\$ _____												
_____	\$ _____												
_____	\$ _____												
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Administration: <table> <tr> <th align="center"><u>Item</u></th> <th align="center"><u>Dollar Amount</u></th> </tr> <tr><td>_____</td><td>\$ _____</td></tr> <tr><td>_____</td><td>\$ _____</td></tr> <tr><td>_____</td><td>\$ _____</td></tr> <tr><td>_____</td><td>\$ _____</td></tr> <tr><td>_____</td><td>\$ _____</td></tr> </table>	<u>Item</u>	<u>Dollar Amount</u>	_____	\$ _____	_____	\$ _____	_____	\$ _____	_____	\$ _____	_____	\$ _____	THIS LINE ITEM TOTAL MUST BE THE SAME AS THE LINE ITEM TOTAL AMOUNT ON PAGE 3 Total Administration: \$ _____
<u>Item</u>	<u>Dollar Amount</u>												
_____	\$ _____												
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_____	\$ _____												
_____	\$ _____												

The Department of Labor & Economic Growth will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.